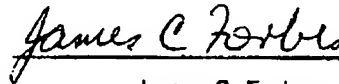


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Forbes, E.I. *et al.*
Serial No.: 10/633,772
Filed: August 4, 2003
Title: METHOD OF PROVIDING MENTAL STIMULUS TO A
COGNITIVELY IMPAIRED SUBJECT
Group Art Unit: 3714
Examiner: C.L. Harris
Confirmation No.: 5121
Docket No.: MS-02/3/US

CERTIFICATE OF FACSIMILE TRANSMISSION

I certify that this paper, together with any attachments thereto, is being facsimile transmitted to: USPTO, Attention Ms Dorretta Brooks, Fax No. 571-273-4332, on **March 18, 2005**.



James C. Forbes

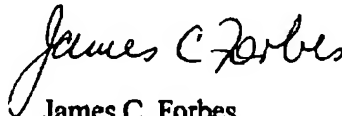
Commissioner for Patents
Attention: Ms Dorretta Brooks
BY FAX TO: 571-273-4332 (2 sheets)

Dear Ms Brooks:

I refer to your telephone call on March 14, 2005 and apologize that I was unavailable to talk to you.

Through inadvertent error on my part, it appears that when submitting a Terminal Disclaimer in the above referenced application on September 7, 2004, I neglected to enclose remittance of the required fee. Please find attached Form PTO-2038 providing credit card information for payment of the fee now due in the amount of \$65.

Respectfully submitted,



James C. Forbes
Agent for Applicant
Registration No. 39,457
Tel. 847-205-0528
Cell: 847-867-8875

March 18, 2005

3/21/2005 09:11:11 00000000 00000000
P. 000000

25.01

PTO-2038 (02-2003)

Approved for use through 02/28/2006. OMB 0651-0043

United States Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

United States Patent and Trademark Office

Credit Card Payment Form

Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type: ☐ Visa ☐ MasterCard ☒ American Express ☐ Discover

Credit Card Account #: 3725 395608 51005

Credit Card Expiration Date: 02/06

Name as it Appears on Credit Card: JAMES C FORBES

Payment Amount: \$ (US Dollars): 65.00

Cardholder Signature: James C Forbes

Date: March 18, 2005

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The office will not refund amounts of \$25.00 or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR § 1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged.

Service Charge: There is a \$50.00 service charge for processing each payment refused (including a check returned 'unpaid') or charged back by a financial institution (37 CFR § 1.21 (m)).

Credit Card Billing Address

Street Address 1: 1625 GLENVIEW ROAD #206

Street Address 2:

City: GLENVIEW

State/Province: IL

Zip/Postal Code: 60025

Country: U.S.A.

Daytime Phone #: 847-205-0528

Fax #: 847-412-6351

Request and Payment Information

Description of Request and Payment Information:

☒ Patent Fee

☐ Patent Maintenance Fee

☐ Trademark Fee

☐ Other Fee

Application No.

10/633,772

Application No.

Application No.

IDON Customer No.

Patent No.

Patent No.

Registration No.

Attorney Docket No.

MS-02/3/US

Identify or Describe Mark

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent and Trademark Office will not be liable in the event that the credit card number becomes public knowledge.